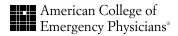
Emergency Information Form for Children With Special Needs

Birth date:



Name:

American Academy of Pediatrics



Date form	Revised	Initials
completed By Whom	Revised	Initials

Nickname:

Home Address:	Home/Work Phone:			
Parent/Guardian:	Emergency Contact Names & Relationship:			
Signature/Consent*:				
Primary Language:	Phone Number(s):			
Physicians:				
Primary care physician:	Emergency Phone:			
	Fax:			
Current Specialty physician:	Emergency Phone:			
Specialty:	Fax:			
Current Specialty physician:	Emergency Phone:			
Specialty:	Fax:			
Anticipated Primary ED:	Pharmacy:			
Anticipated Tertiary Care Center:				
Diagnoses/Past Procedures/Physical Exam:				
	Baseline physical findings:			
	Baseline physical findings:			
	Baseline physical findings:			
1. <u>E</u>	Baseline physical findings:			
1. E	Baseline physical findings: Baseline vital signs:			
1. E				
1. E				
2. 3.				
1. E 2.				
1. E 2.	Baseline vital signs:			
1. E 2.	Baseline vital signs:			

Diagnoses/Past Pro	cedures/Phy	sical Exa	m continu	ed:						
Medications:				Significant baselir	ne ancillar	y findings (lab, x-ray, E	CG):		
1.										
2.										
3.										
4.					Prostheses/Applia	inces/Adv	anced Techi	nology Devic	es.	
5.					11001110000/1100111	11000/1101	411004 10011	lology Dovic	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
6.										
Management Da	ta:									
Allergies: Medication	s/Foods to be	avoided			and why:					
1.										
2.										
3.										
Procedures to be avo	ided				and why:					
1.										
2.										
3.										
Immunizations										
Dates					Dates					
DPT OPV	_			+	Hep B Varicella					
MMR					TB status					
HIB					Other					
Antibiotic prophylaxis:			Indicati	on:		Med	dication and	dose:		
Common Preser	 Iting Probl	ems/Fin	dings Wi	th Specific	c Suggested M	anagei	nents			
Problem		Problems/Findings With Specific Suggested Managements Suggested Diagnostic Studies Treatment Considerations								
Comments on child, t	amily, or othe	er specific r	nedical issu	ues:						
Physician/Provider S	innature:				Print Name:					